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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
09/848,764	05/04/2001	Sakae Ishikawa	207187US2	7828
22850 75	90 12/12/2003		EXAM	INER
OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C.			BUTLER, MICHAEL E	
1940 DUKE STREET ALEXANDRIA, VA 22314			ART UNIT	PAPER NUMBER
			3653	, -
			DATE MAILED: 12/12/2003	3

Please find below and/or attached an Office communication concerning this application or proceeding.

09/848 764

Application No.

Applicant(s)

JShaham

09/84876

Interview Summary

Examiner
Michael E. Butler

nit 3653



All participants (applicant, applicant's representative, PTO personnel):					
(1) Michael E. Butler	(3) Ed Garlepp				
(2) Donald P. Walsh	(4)				
Date of Interview					
Type: a) ☐ Telephonic b) ☐ Video Conference c) ☐ Personal [copy is given to 1) ☐ applicant Exhibit shown or demonstration conducted: d) ☐ Yes					
Claim(s) discussed: 12 & // Identification of prior art discussed: Tanaha					
Agreement with respect to the claims f) was reached. g) was not reached. h) N/A. Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Piscossed The 1/292d include maintant. Cl 1/292h Shows to include the configuring the 18th rach the feether with the consider when Piled.					
(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)					
i) $oldsymbol{ abla}$ It is not necessary for applicant to provide a separ	ate record of the substance of the interview (if box is checked).				
Unless the paragraph above has been checked, THE FORM/INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPI already been filed, APPLICANT IS GIVEN ONE MONTH FRO SUBSTANCE OF THE INTERVIEW. See Summary of Record DONALD SUPERVISORY PAT TECHNOLOGY CO.	EP section 713.04). If a reply to the last Office action has DM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE d of Interview requirements on reverse side or on attached WADSH ENT EXAMINER				
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's signature, if required				